MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO 808) FILING DATE CLAIMS AFTER 1st AMENDMENT AS FILED AFTER 2nd AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. -62 . · 53 .84 . 14. -25 97. TOTAL 181AL STATE OF THE SOUTH STATES OF THE STATES OF T